	PATEN	IT APPLICA Effe	OF	ORD Application or Docket Number										
CLAIMS AS FILED - PART I Column 1) SMALL ENTITY											/ /	00	//	_
lr	TOTAL CLAIR	MS	(Co	lumn 1)	(Co	(Column 2)		TYPE	ENTITY		OR	OTHER THAN SMALL ENTITY		
╟	FOR							RAT	E FI	EE		RATE	FEE	
╟				NUMBER FILED		NUMBER EXTRA		BASIC	FEE 150	.00	OR	BASIC FE	E 300.0	0
ır		EABLE CLAIM	s	minus 20=		•		X\$ 25	i=		OR	X\$50=	- -	ᅱ
-11	NDEPENDENT			minus 3 =		*		X100				X200=	-	\dashv
Ľ	MULTIPLE DEP	ENDENT CLAIM	PRESENT				1	-	-	\dashv	OR	X200=	 	4
•	If the differen	ce in column 1	is less tha	n zero, enter	column 2	1	+180			OR	+360=	1		
				MENDED - PART II				TOTA	L		OR	TOTAL	<u> </u>]
_	· /	(Column 1		(Column 2) (Column 3)				SMAL	L ENTIT	Υc)R		THAN ENTITY	İ
AMENDMENT A	1/3/04	CLAIMS REMAINING AFTER AMENDMEN	8	HIGHE NUMBI PREVIOL	USLY	PRESENT EXTRA		RATE	ADD TION	ī-]		RATE	ADDI- TIONAI	
MON	Total	* 30	Minus	PAID FO	2 2	=		X\$ 25=	FEE	\dashv	ŀ		FEE	7
ME	Independent	. 2	Minus	444	3	=	1		+-	\prec	R	X\$50=		4
<u>ط</u>	FIRST PRES	ENTATION OF N	MULTIPLE (DEPENDENT C	LAIM		4	X100=		_ 0	补	X200=		j
							ı	+180=	l	0	R	+360=		\bot
							Ā	TOTAL DDIT, FEE			RAD	TOTAL DIT. FEE		1
_		(Column 1) CLAIMS	T	(Column HIGHES	2) T	(Column 3)	_			_				7
THE PRINCIPLE D		REMAINING AFTER AMENDMENT	<u> </u>	PREVIOUS PAID FOR		PRESENT EXTRA		RATE	ADDI- TIONA FEE			RATE	ADDI- TIONAL	
֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	Total	*	Minus	** ;		=		X\$ 25=		OF	٦,	(\$50=	FEE	1
	Independent	*	Minus	***		=	H	X100=		1	Ή,			ŀ
	FINST PHESE	NTATION OF MU	JLTIPLE DE	PENDENT CL	AIM		┢	X100=		-IOR	1	200=		ľ
							L	+180≈		OR	1	360=		_
		10 -1						TOTAL DIT. FEE		OR	ADE	TOTAL .		-
T	1	(Column 1) CLAIMS		(Column 2	2)(Column 3)			•	_				
		REMAINING AFTER AMENDMENT	··	NUMBER PREVIOUSL PAID FOR	, Y	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		R		ADDI: IONAL	
ľ	otal	.	Minus	**			V	\$-25=				50	FEE :	
⊢			Minus	Add	-		┝			OR	<u> </u>	350 =		
F	IRST PRESEN	TATION OF MU	100=		OR	X2	00=							
if th	e entry in column	1 1 Is less than the	entry in colu	mn 2, write "0" in	colum	n 3.		180=		OR		60=		
H tt	ne "Highest Numb	per Previously Paid per Previously Paid er Previously Paid	FOR IN THIS	S SPACE is less	than 20	0, enter *20.*	ADD	TOTAL T. FEE		OR ,	חחת	OTAL FEE		
					z.c mg	meat number 10t	ii Oii	rule appro	husta pox	ın colu	ımn 1	•		

Application or Docket Number